

ARIZONA FORM
140A

Resident Personal Income Tax Return (Short Form)

2004

| | | | | | |
|---|--|---|--|---|--|
| YOUR FIRST NAME AND INITIAL <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div> | | LAST NAME <div style="border: 1px solid black; width: 150px; height: 20px; margin-top: 5px;"></div> | | YOUR SOCIAL SECURITY NO. <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div> | |
| IF A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div> | | LAST NAME <div style="border: 1px solid black; width: 150px; height: 20px; margin-top: 5px;"></div> | | SPOUSE'S SOCIAL SECURITY NO. <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div> | |
| PRESENT HOME ADDRESS - NUMBER AND STREET, RURAL ROUTE APT. NO. <div style="border: 1px solid black; width: 150px; height: 20px; margin-top: 5px;"></div> | | DAYTIME PHONE <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div> | | ↑ IMPORTANT ↑ You must enter your SSNs. | |
| HOME ADDRESS CONTINUED <div style="border: 1px solid black; width: 150px; height: 20px; margin-top: 5px;"></div> | | HOME PHONE <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div> | | | |
| CITY, TOWN OR POST OFFICE <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div> | | STATE ZIP CODE <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div> | | FOR DOR USE ONLY | |
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|----------------------|----|---|--|----|--|--|
| Filing Status | 4 | Married filing joint return | | | | |
| | 5 | Head of household - name of qualifying child or dependent: | | | | |
| | 6 | Married filing separate return. Enter spouse's Social Security Number above and full name here. ▶ | | 88 | | |
| | 7 | Single | | | | |
| Exemptions | 8 | Enter the number claimed. Do not put a check mark. | Age 65 or over (you and/or spouse) | 81 | 80 | |
| | 9 | | Blind (you and/or spouse) | | | |
| | 10 | | Dependents. From page 2, line A2 - do not include self or spouse. | 82 | CHECK ONE if filing under an extension: 4 month extension 82D <input type="checkbox"/> 6 month extension 82F <input type="checkbox"/> | |
| | 11 | | Qualifying parents and ancestors of your parents. From page 2, line A5. | | | |

Attach W-2 to back of last page of the return. Enclose but do not attach any payments.

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|--|---------------------------------------|
| 23 - 24 Clean Elections Fund Tax Reduction. See instructions page 6. | |
| 25 Reduced tax. Subtract line 24 from line 22 | |
| 26 Family income tax credit from worksheet on page 7 of instructions | |
| 27 Subtract line 26 from line 25. If less than zero, enter zero | |
| 28 Clean Elections Fund Tax Credit. From worksheet on page 7 of the instructions | |
| 29 Balance of tax. Subtract line 28 from line 27. If line 28 is more than line 27, enter zero | |
| 30 Arizona income tax withheld during 2004 | 30 |
| 31 Amount paid with 2004 Arizona extension request (Form 204) | 31 |
| 32 Increased Excise Tax Credit from worksheet on page 8 of the instructions | 32 |
| 33 Property Tax Credit from Form 140PTC | 33 |
| 34 Total payments/credits. Add lines 30 through 33 | 34 |
| 35 TAX DUE. If line 29 is larger than line 34, subtract line 34 from line 29, and enter amount of tax due. Skip line 36 | 35 |
| 36 OVERPAYMENT. If line 34 is larger than line 29, enter amount of overpayment | 36 |
| 37 - 44 Voluntary Gifts to: | |
| Aid to Education (entire refund only) 37 | Arizona Wildlife 38 |
| Child Abuse Prevention 40 | Domestic Violence Shelter 41 |
| Special Olympics 43 | Political Gift 44 |
| Citizens Clean Elections 39 | Neighbors Helping Neighbors 42 |
| 45 Check only one if making a political gift: 451 <input type="checkbox"/> Democratic 452 <input type="checkbox"/> Libertarian 453 <input type="checkbox"/> Republican | |
| 46 Total voluntary gifts: Add lines 37 through 44 | 46 |
| 47 REFUND. Subtract line 46 from line 36. If less than zero, enter amount owed on line 48. | 47 |
| Direct Deposit of Refund: See instructions. | |
| ROUTING NUMBER 98 | ACCOUNT NUMBER |
| 48 AMOUNT OWED. Add lines 35 and 46. Make check payable to Arizona Department of Revenue; include SSN on payment. | |



PLEASE BE SURE TO SIGN THE RETURN ON THE REVERSE SIDE OF THIS PAGE.

PART A: Dependents and Qualifying Parents - do not list yourself or spouse**A1** List children and other dependents. If more space is needed, attach a separate sheet.NO. OF MONTHS LIVED
IN YOUR HOME IN 2004

FIRST AND LAST NAME

SOCIAL SECURITY NO.

RELATIONSHIP

| FIRST AND LAST NAME | SOCIAL SECURITY NO. | RELATIONSHIP | NO. OF MONTHS LIVED IN YOUR HOME IN 2004 |
|---------------------|---------------------|--------------|---|
| | | | |
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A2 Enter total number of persons listed in A1 here and on the front of this form, box 10 TOTAL **A2****A3** Enter the names of the dependents listed above who do not qualify as your dependent on your federal return. See page 5 of the instructions.**A4** List qualifying parents and ancestors of your parents. If more space is needed, attach a separate sheet. You cannot list the same person here and also on line A1. For information on who is a qualifying parent or ancestor of your parents, see page 5 of the instructions.NO. OF MONTHS LIVED
IN YOUR HOME IN 2004

FIRST AND LAST NAME

SOCIAL SECURITY NO.

RELATIONSHIP

| FIRST AND LAST NAME | SOCIAL SECURITY NO. | RELATIONSHIP | NO. OF MONTHS LIVED IN YOUR HOME IN 2004 |
|---------------------|---------------------|--------------|---|
| | | | |
| | | | |

A5 Enter total number of persons listed in A4 here and on the front of this form, box 11 TOTAL **A5****PART B: Last Name(s) Used in Prior Years if different from name(s) used in current year****B6**

I have read this return and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

PLEASE SIGN HERE

▶ YOUR SIGNATURE _____ DATE _____

▶ SPOUSE'S SIGNATURE _____ DATE _____

▶ PAID PREPARER'S SIGNATURE _____ FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED) _____

PAID PREPARER'S TIN

DATE

PAID PREPARER'S ADDRESS

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 29204, Phoenix, AZ, 85038-9204.

If you are expecting a refund or owe no tax, or owe tax but are not sending a payment, mail to Arizona Department of Revenue, PO Box 29205, Phoenix, AZ, 85038-9205.